

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON,

Plaintiff,

v.

UNITED STATES DEPARTMENT OF
HEALTH AND HUMAN SERVICES;
ALEX M. AZAR, in his official capacity as
the Secretary of the United States
Department of Health and Human Services,

Defendants.

NO. 2:20-cv-01105

DECLARATION OF
DR. CHELSEA UNRUH

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UNRUH

ATTORNEY GENERAL OF WASHINGTON
Civil Rights Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

DECLARATION OF DR. CHELSEA UNRUH

I, CHELSEA UNRUH, declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct:

1. I am over the age of 18, have personal knowledge of the facts and circumstances in this Declaration, and am competent to testify in this matter.

2. I am a licensed physician, and am board certified in Family Medicine practice with a special interest in transgender healthcare, providing full spectrum primary care at Yelm Family Medicine in Yelm, Washington. In 2019, I opened my private practice, Unruhly Medicine, PLLC, which operates a Transgender Specialty Care Clinic at Rainbow Health Center in Olympia, Washington. A copy of my curriculum vitae is attached as **Exhibit A**.

3. I received my medical degree from Poznan University of Medical Sciences in Poznan, Poland. I interned and completed my residency in Family Medicine at Providence St. Peter Family Medicine in Olympia, Washington in 2017.

4. I understand that the federal Department of Health and Human Services (HHS) has issued a new regulation entitled "Nondiscrimination in Health and Health Education Programs or Activities, Delegation of Authority," 85 Fed. Reg. 37160-248 (the "Final Rule"), which was published in the Federal Register on June 19, 2020. I understand that the Final Rule specifically denies protection from healthcare discrimination on the basis of sexual orientation and gender identity or transgender status. The Revised Rule eliminates the regulatory protections for LGBT people in healthcare that were included in the prior version of the Final Rule from 2016.

5. As a Family Medicine practitioner at Yelm Family Medicine, I provide full spectrum primary health care services to approximately 100 transgender patients. These services include, but are not limited to, HIV treatment and testing, treatment and prevention of sexually transmitted infections, and treatment for gender dysphoria and mental health disorders. My patient population is disproportionately low income and many come to me from across

1 Western Washington to seek services in a safe and culturally competent environment.
2 Additionally, at my Transgender Specialty Care Clinic in Olympia, I have provided transgender
3 health services to over 50 patients, including screenings, hormone replacement therapy, surgical
4 evaluations, referrals, and post-operative care. I am the only medical practitioner in Thurston
5 County providing transgender services to minors. It is not unusual for my patients to travel two
6 hours each way to receive these healthcare services.

7 6. The majority of my patients face considerable stigma and discrimination on the
8 basis of their transgender status or gender non-conformity. They have shared with me many
9 stories ranging from outright refusals of health care to being subjected to disapproval,
10 disrespect, or hostility from medical providers and staff in hospitals, clinics, doctor's offices,
11 and pharmacies because of their actual or perceived sexual orientation, gender identity,
12 transgender status, and/or gender presentation. As one example, a 70 year old transgender male
13 patient of mine shared the story of his prior primary care physician treating him differently after
14 the physician "discovered" that he was transgender. The previous doctor asked my patient about
15 an old chart entry showing a hysterectomy that the doctor assumed was a "mistake." After
16 learning that the entry was accurate, the doctor's demeanor towards my patient changed, as did
17 his course of treatment. The doctor began prescribing medications, including pain medications,
18 which had not previously been indicated.

19 7. The same patient also shared the experience of no longer being allowed to donate
20 plasma, after having done so for years, when the clinic learned of his transgender status.

21 8. Most of my transgender patients share that they are apprehensive or fearful of
22 encountering stigma and discrimination in health care settings because of their past experiences,
23 and consequently have delayed medical visits or postponed recommended screenings or
24 treatment because of such fears, leading to poor health outcomes and higher incidence of
25 adverse health impacts. My patients' concerns have been magnified by the actions of the federal
26 government to roll back the protections against discrimination in the Section 1557 rule.

1 9. In the six years I have been in practice, I have had countless patients share the
2 experience of enduring overtly homophobic or transphobic remarks from healthcare providers,
3 as well as being refused care or receiving clearly inadequate and/or inappropriate care because
4 of their gender identity or transgender status. One particularly egregious example was a
5 transgender couple who went to their local pharmacy to pick up their prescribed testosterone
6 injections. The patient whose appearance more closely “matched” the pharmacist’s perception
7 of maleness was greeted jovially and given extra injection supplies, whereas their spouse, whose
8 appearance did not present as “male” was treated dismissively and not given the extra supplies.

9 10. Incidents like this occur every day across Washington State, and highlight the
10 fact that many providers, and the healthcare system at large, entertain explicit and implicit
11 biases against transgender and gender non-conforming people. Nondiscrimination laws and
12 policies are an important protection against this bias. But the Final Rule enables healthcare staff
13 and the system at large to act on these biases, subjecting patients to discrimination and impeding
14 their access to appropriate healthcare.

15 11. Another example of the impacts of bias within the healthcare system was the
16 experience of a transgender woman who explained to me after receiving a routine physical that
17 it was not only the first time, as an adult transgender patient, that she felt comfortable getting a
18 physical, but it was the most thorough physical she had ever received. Prior healthcare providers
19 had neglected to do a full preventative healthcare examination with the appropriate screenings
20 for sexual health. This is an example of how bias can result in incomplete communication and
21 inadequate healthcare services with potentially dangerous consequences.

22 12. Confusion and chaos resulting from the Final Rule will further exacerbate
23 existing health and health care disparities affecting the LGBTQ community, particularly the
24 shortage of trans-competent providers. The constantly changing rules, inconsistent federal law,
25 and language around gender affirming care and transgender health all contribute to changing
26 interpretations by insurance companies and State and federal agencies. It is not uncommon for

gender affirming healthcare services to be denied outright, and it often takes two appeals before insurance carriers will possibly approve the care. The delays are particularly prevalent with patients who have private insurance through their employer.

13. Many of my patients have had to wait months for the care they needed. The emotional toll this takes on transgender patients is significant and often leads to increased levels of depression, anxiety and post-traumatic stress disorder. The delay in care can be particularly dangerous for minors. There is ample evidence showing the increased rates of suicide in transgender youth without access to appropriate and timely care.¹

14. The administrative toll on providers trying to navigate this inconsistent and fractured healthcare system creates a further barrier to care in that it discourages providers from including full spectrum transgender services in their practices. This, together with the shortage of trans-competent providers in Washington and inconsistent law has also prevented transgender individuals from receiving care that, for some of them, is life-saving.

15. Barriers to health care result in negative community health outcomes. Effective medical care is based on trust as well as open and honest communication between patients and their providers. Such communication is compromised if patients feel afraid and unwelcome, undermining the provider's ability to properly assess their patient's needs. I have had patients who presented with health conditions I feel confident they would not have experienced if they had not experienced discrimination in previous healthcare encounters.

16. Not only is the Final Rule discriminatory and harmful to my patients and to public health, but the timing could not be worse. In the middle of a global pandemic, we cannot afford additional discrimination in healthcare. Patients need to trust their health care providers. Public health requires that all patients seek medical treatment and testing without hesitation or

¹ Brian C. Thoma, Rachel H. Salk, Sophia Choukas-Bradley, Tina R. Goldstein, Michele D. Levine, Michael P. Marshal, *Suicidality Disparities Between Transgender and Cisgender Adolescents* (Pediatrics Nov 2019. 144 (5) e20191183; DOI: 10.1542/peds.2019-1183).

1 delay. By inviting discrimination against LGBTQ patients the Final Rule impedes that goal,
2 harming both patients and the general public.

3 I declare under penalty of perjury under the laws of the United States and the State of
4 Washington that the foregoing is true and accurate.

5 DATED this 13 day of July, 2020, in Olympia, Washington.

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7 
8 CHELSEA UNRUH, M.D.

EXHIBIT A

Chelsea Dawn Unruh, MD

120 State Ave NE #237, Olympia, WA, 98501 • (503) 327-9993 • chelsea.unruh@gmail.com

PERSONAL

From Portland, Oregon
Citizenship: USA

EDUCATION

Poznań University of Medical Sciences

Poznań, Poland

Degree: MD, June 2014.

Portland State University

Portland, OR

Post baccalaureate studies, 2005-2007

Westmont College

Santa Barbara, CA

Degree: Bachelor of Arts in English, *cum laude*, 2003.

POSTGRADUATE TRAINING

Providence Saint Peter Family Medicine

Olympia, WA

Internship and Residency (2014 –2017)

WORK

2016-2017	Providence St Peter Family Medicine, Chief Resident. Olympia, Washington
2017-pres	Family Medicine Physician with OB, Group Private Practice, Yelm Family Medicine, Yelm, Washington
2019-pres	Unruhly Medicine, Owner and Physician, Transgender Specialty Care at Rainbow Health Center, Olympia, Washington

HONORS AND AWARDS

2019	Washington State Medical Society “Grassroots Advocate Award”
2019	Thurston Mason County Health Care Champions “Health Care Pioneer Award”
2017	Outstanding Chief Resident Award
2014	Award for “Active participation in academic life and student activities throughout course of studies”, Poznań
2012	Award for “Outstanding activity in work for the University and students”, Poznań
2011	Award for “Outstanding activity in work for the University and students”, Poznań
2003	Sigma Tau Delta English Honor Society, Westmont College

BOARD CERTIFICATION

2017-Present	ABFM – American Board of Family Medicine <i>Board Certification</i>
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LICENSES

WA	Washington State Dept. of Health, MD 60675931 , Exp 08/08/2021
DEA	FU4593984, XU4593984, Exp. 5/31/2023
NPI	1821402298
ACLS	3/2019 – 3/2021
BLS	3/2019 – 3/2021
ALSO	9/2019 – 9/2022

HOSPITAL COMMITTEES

2016-2017	Blue Team Resident Representative
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SPECIAL LOCAL RESPONSIBILITIES

2018-2020	President, Thurston Mason County Medical Society
2019	LGBT Delegate to American Academy of Family Physicians National Conference for Constituency Leaders
2015-pres	Board Member, Thurston Mason County Medical Society
2016-2017	Chief Resident, Providence St Peter Family Medicine

PROFESSIONAL ORGANIZATIONS

AAFP - American Academy of Family Physicians, since 2014
 WAFP - Washington Academy of Family Physicians, since 2014
 GLMA - Gay and Lesbian Medical Association, since 2014
 TMCMS - Thurston Mason County Medical Society, since 2015
 AMA - American Medical Association, since 2014
 WPATH - World Professional Association for Transgender Health, since 2018

PRESENTATIONS

Presentation, May 4, 2018: "Transgender Health." Washington Academy of Family Physicians 69th Annual Scientific Assembly, Spokane, WA
 Presentation, February 15, 2018: "LGBT Health: Why You Should Care" Thurston Mason County Medical Society Annual Dinner & Meeting, Olympia, WA
 Presentation, January 6, 2018: "Transgender Health (Rural Resources)." Washington Academy of Family Physicians Foundations 2018 Student & Resident Retreat, Leavenworth, WA
 Panel, November 6, 2017: "LGBT Curriculum Integration: Demonstration Projects." Learn, Serve, Lead 2017 American Association of Medical Colleges Annual Meeting, Boston, MA
 Presentation, January 7, 2017: "Human Trafficking." Washington Academy of Family Physicians Foundations 2017 Student & Resident Retreat, Leavenworth, WA

SERVICE

2019-present	Olympia Free Clinic, Transgender Specialty Clinic. Volunteer.
2017	Primary care mission to Haiti with Friends of Haiti Mission, Grand Boulage, Haiti
2016	Document Day, supporting gender marker change for transgender patients, Rainbow Health Center, Olympia, WA
2016-present	Volunteer speaker at various organizations for Transgender Cultural Competency, Washington State

TEACHING EXPERIENCE

2014-2018	Frequent CME Presentations for Providence Hospital Groups and Family Medicine on following topics: LGBTQ Patient Care, Transgender Medicine, Sexual Health, Communicating with Persons with Memory Impairment
2012	Gross Anatomy Laboratory Assistant, guided dissections and Physiology student teacher. Poznań University of Medical Sciences
2011 - 2012	Peer leader and mentor, Seconds for Firsts, Program creator and volunteer, Poznan University of Medical Sciences
2010 -2011	High School Chemistry Teacher, one-on-one unaffiliated, volunteer - Prepared general chemistry curriculum for US student entering the Polish International Baccalaureate school system
2008- 2009	Breastfeeding Classes Co-Coordinator, Nursing Mothers Counsel of Oregon - Developed curriculum and co-taught free prenatal breastfeeding classes